	Dr. Wall		
STA	•	ATE DEPARTMENT OF HEALTH ION OF VITAL STATISTICS State File No.	3 <b>05</b> /
DEI BUI	PARITMENT OF COMMERCE REAU OF CENSUS	Registraria N.	69
1.	Place of Death: (a) County Maricopa (b) City or	Town DOUGISIDE HO	erfort of
(4)	Length of Stay: In Hospital or Institution 1 WK.	outside city limits also write RURAL)  (St. & No. (or) Name of the community of the communi	d Institution)
	(Specify	whether years, months or days)	
	Usual Residence of Deceased: (a) State Arizona,	(b) County Maricona /(c) City of Town Mes	a write Bursey
(d)	Street No. 107 East 2nd. Ave.	; (e) Citizen of foreign country (Yes	
	(a) FULL NAME Alice Maybelle Cluff	(b) If Veteran NO (c) Secial	None
		name war Security No.	21010
	Sex 5. Race 6. (a) Single, married, with the X Indian Negro or divorced	MEDICAL CERTIFICATION	
Fem	nale White M Indian Negro or divorced Married	20. DATE OF DEATH (Month, day and year) Mar. 21,	
6.	(b) Name of husband   6. (c) Age of husb	, - I man (mon chu minute)	
_	Robert Thomas Cluff   or wife, if alive 6		<u> </u>
7.	Birthdate of deceased Oct. 11, 1886	14th 1946 to March 5	
	(Month) (Day) (Year AGE: Years   Months   Days   If less than one day	that I last saw n anye on	, 19_46
	59   5   10   hrsmin.	and that death occurred on the date and hour stated above.	DUBATION /
9.	Birthplace Pima, Arizona	Immediate come of gooth man toge and	2 Month
	(City, town or county) (State or Country	) Cay Constitution	
10.	Usual Occupation Housewife	Due to.	
11.			*
÷ (	12. Name Fohn Johnson	Due to	
- 42 <	13. Birthplace Unknovm (City, town or county) (State or Coun		
`		Other conditions (include pregnancy within three months of death)	
<b>ä</b> }	14. Maiden Name Louise Collins	Major findings:	PHYSICIAN
₹े	(15. Birthplace	Oi operations	Underline the
			death should
16.	(a) Informant's own signature Robert T. Cluf	Of autopsy	be charged statistically
	Mesa, Arizona	20 7/ 1 at the state of the following	
17	(a) Burial, Crematicn or Removal Burial	22. If death was due to external causes, fill in the following:  (a) Accident, suicide or homicide (specify)	
•/-	(b) Place Mesa, Ariz. (c) Days 3-23- 19		
10			
16.	(a) Embalmer's Signature Meldrum Mortuary	(City or Town) (County)  (d) Did injury occur in or about home, on farm, in industrial plac	(State) e, in
	Mesa. Arizona	public place?	
	(c) Address	(Specify type of place)	
19.	(a) (Day received Local Registrar)	While at work? (e) Means of injury	
	Con Truellannon	23. Signature	12/3/941
	(b) (Registrar's Signature)	Address 2 06 Power Date signed Company	- Andrews
-	s 40M-100% Rag-6-45	V 41-	